

L19000146382

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE  
OPERATIONS

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** RTW Property Management, LLC  
\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rodney Walker

\_\_\_\_\_  
Name of Person

RTW Holdings of Florida, Inc

\_\_\_\_\_  
Firm/Company

401 Smithfield Lane

\_\_\_\_\_  
Address

Sun City Center, Florida 33573

\_\_\_\_\_  
City/State and Zip Code

rwalker9695@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rodney Walker

281

245-7204

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:



\$125.00 Filing Fee



\$130.00 Filing Fee &  
Certificate of Status



\$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)



\$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

RTW Property Management, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

300 Franderson Circle Suite 100A  
Apollo Beach, FL 33572

Mailing Address:

300 Franderson Circle Suite 100A  
Apollo Beach, FL 33572

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

RTW Holdings of Florida, Inc.

Name

401 Smithfield Lane

Florida street address (P.O. Box **NOT** acceptable)

Sun City Center

Florida

33573

City

State

Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.,*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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2013 JUN 11 PM 3:31  
CLERK OF COURT  
HILLSBOROUGH COUNTY  
TAMPA, FLORIDA

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR, MGR

**Name and Address:**

RTW Holdings of Florida, Inc

401 Smithfield Lane

Sun City Center, Florida 33573

AMBR, MGR

Paragon Services, LLC

401 Smithfield Lane

Sun City Center, Florida 33573

MGR,

Robbert Gaarlandt

2695 Danielle Drive

Ocievdo, Florida 32765

(Use attachment if necessary)

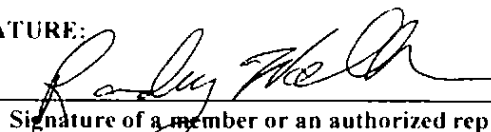
**ARTICLE V:** Effective date, if other than the date of filing: June 5, 2019. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**



**Signature of a member or an authorized representative of a member.**

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Rodney Walker

Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)